PRINTED: 08/07/2024 FORM APPROVED

CENTERS FOR	R MEDICARE & MEDIC	_			OMB NO. 0938-039
STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
			A. BUILDING 00		
		155761	B. WING		07/10/2024
NAME OF F	PROVIDER OR SUPPLIEI	R		ADDRESS, CITY, STATE, ZIP COD	
			2 E TIL		
BROWN	SBURG MEADOW	5	BROW	'NSBURG, IN 46112	
(X4) ID		STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX		NCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPE	
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE
F 0000					
Bldg. 00					
Diag. 00	This visit was for the	he Investigation of Complaints	F 0000	This provider respectfully	
	IN00432830 and IN	-	1 0000	requests that the 2567 Plan	n of
				Correction be considered t	
	Complaint IN00432	2830 - No deficiencies related to		letter of credible allegation	1
	the allegations are	cited.		and requests a desk review	
				lieu of a Post Complaint Su	ırvey
	_	8334 - Federal/State deficiencies		Revisit on or after.	
	related to the allega	ations are cited at F584.			
	Survey dates: July	9 and 10, 2024			
	Survey dates. July	7 and 10, 2024			
	Facility number: 01	11367			
	Provider number: 1	55761			
	AIM number: 2008	351590			
	Census Bed Type:				
	SNF/NF: 114 SNF: 22				
	Total: 136				
	10tal. 130				
	Census Payor Type	::			
	Medicare: 22				
	Medicaid: 85				
	Other: 29				
	Total: 136				
	Those deficiens:	rofloot Stato Findings sited in			
	accordance with 41	reflect State Findings cited in			
	accordance with 41	V IAC 10.2-3.1.			
	Quality review was	s completed on July 15, 2024.			
F 0584	483.10(i)(1)-(7)				
SS=E	Safe/Clean/Comf	ortable/Homelike			
Bldg. 00	Environment				
	§483.10(i) Safe E	nvironment.			
	\	a right to a safe, clean.	1		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

comfortable and homelike environment,

(X6) DATE

TITLE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclo days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155761		IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 07/10/2024	
NAME OF PROVIDER OR SUPPLIER BROWNSBURG MEADOWS			2 E TILI	ADDRESS, CITY, STATE, ZIP COD DEN NSBURG, IN 46112			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE	
	including but not I treatment and sup. The facility must p §483.10(i)(1) A sa homelike environt to use his or her p extent possible. (i) This includes e can receive care at the physical layou resident independent safety risk. (ii) The facility shafor the protection from loss or theft. §483.10(i)(2) Houservices necessal orderly, and comform services necessal orderly.	imited to receiving oports for daily living safely. provide- afe, clean, comfortable, and ment, allowing the resident personal belongings to the insuring that the resident and services safely and that at of the facility maximizes dence and does not pose a fall exercise reasonable care of the resident's property sekeeping and maintenance by to maintain a sanitary, fortable interior; an bed and bath linens that tion; atte closet space in each specified in §483.90 (e)(2) quate and comfortable are serviced in safe					

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Based on interview, observation, and record

review, the facility failed to ensure residents'

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what corrective action(s) will

be accomplished for those

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CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-039 X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING 00 COMPLETED 155761 B. WING 07/10/2024 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 2 E TILDEN

BROWN	SBURG MEADOWS	BROWNSBURG, IN 46112		
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL DEGLE A TONK ON A SEA HON THOUGH A TONK ON A SEA HON THE TONK ON A SEA HON THE	DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX PROVIDERS PLAN OF CORRECTION (FACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETION
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION	TAG		DATE
	rooms and bathrooms were cleaned daily and the		residents found to have been	
	residents' shower rooms were kept clean and		affected by the deficient practice;	
	uncluttered for 3 of 4 shower rooms observed.		Resident B, Resident F and	
	This had the potential to affect 136 of 136		Resident H rooms were thoroughly	
	residents who resided in the facility.		cleaned by housekeeping staff.	
			The 200-hall shower, the 400-hall	
	Findings include:		shower and the 100-hall shower	
			were decluttered and thoroughly	
	During an interview Resident B's family member,		cleaned	
	on 7/9/24 at 10:36 a.m., indicated housekeeping		How other residents having	
	services were not provided on a regular basis.		the potential to be affected by the	
			same deficient practice will be	
	On 7/10/24 at 10:17 a.m., Resident F's family		identified and what corrective	
	member indicated she visited her husband daily.		action(s) will be taken;	
	The resident's room and bathroom were not		All residents have the	
	cleaned routinely. She had complained about the		potential to be affected by the	
	uncleaned room and bathroom previously, in		deficient practice. All rooms	
	March 2024, during a care plan meeting and had		were observed for cleanliness	
	filed a grievance, on 6/3/2024, about the		by housekeeping supervisor	
	cleanliness of the resident's room. The next day,		and any concerns were	
	on 6/4/24, the room and bathroom were cleaned.		corrected immediately. All	
	Now, on the floor, there was dirt, dust, debris and		shower rooms were observed	
	the toilet in the bathroom was also dirty. Resident		for cleanliness and any	
	F and his roommate, Resident H, were bedridden		concerns identified were	
	and did not use the toilet, but occasionally the		corrected immediately.	
	residents' wives used the toilet. It had been a		what measures will be put	
	couple of weeks since the room and bathroom had		into place and what systemic	
	been cleaned. The resident's bed had food crumbs		changes will be made to ensure	
	and dirt debris underneath his bed and on the		that the deficient practice does not	
	floor throughout the resident's room and		recur;	
	bathroom. The daily routine cleaning of the		Housekeeping supervisor and	
	resident's room and bathroom would be nice.		housekeeping staff were	
			educated on cleanliness of	
	On 7/10/24 at 11:10 a.m., the Executive Director		rooms and showers. Nursing	
	(ED) was observed mopping the 300-hallway. The		staff were educated on	
	ED indicated his floor technician had called in sick		cleanliness of shower rooms.	
	today and the ED had seen the 300-hallway had		ED/designee will round each	
	dust and debris on it, so he decided to mop it		day to ensure rooms and	
	himself. The residents' rooms and bathrooms		shower rooms are cleaned.	
	should be cleaned daily.		Housekeeping staff will	
		1	1	1

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CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING 00 COMPLETED 155761 B. WING 07/10/2024 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 2 E TILDEN **BROWNSBURG MEADOWS** BROWNSBURG, IN 46112 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE complete daily check off to Resident F's and Resident H's room and bathroom. ensure rooms and shower on 7/10/24 at 11:59 a.m., were observed with paper rooms are cleaned per debris and dust on the floor and under the beds protocol. and the toilet was not cleaned. how the corrective action(s) will be monitored to ensure the On 7/10/24 at 12:32 p.m., Resident H and his wife deficient practice will not recur. were observed in the main dining room for the i.e., what quality assurance lunch meal. Resident H's wife indicated she visited program will be put into place; and with her husband daily and the resident's room To ensure compliance, the and bathroom were not cleaned daily. ED/Designee is responsible for the completion of the Environmental During an interview with the Housekeeping QAPI tool weekly times 4 weeks, Supervisor, on 7/10/24 at 2:55 p.m., she indicated monthly times 6 and then housekeeping staff had no set schedule for quarterly. The results of these cleaning, but each housekeeper had room audits will be reviewed by the assignments for every day. All the residents' QAPI committee overseen by the ED. If threshold of 95% is not rooms and bathrooms should be cleaned daily, but she did not have enough staff, with one achieved an action plan will be housekeeper on vacation and two others had quit developed to ensure compliance. about three weeks ago. She had three new by what date the systemic housekeepers coming on, but one just had started changes for each deficiency will yesterday and the other two were still in be completed. After submitting an processing. All the residents' rooms and acceptable Plan of Correction, if it bathrooms should be cleaned daily. On 7/1/24, she is determined that the correction had spoken to the housekeeper for Resident F's will not be completed by the date and Resident H's room and there had been a previously submitted, the Division miscommunication between the staff and the needs to be contacted as soon as residents' room got missed for a couple of weeks possible. The facility will need to and did not get cleaned. submit an amended plan of correction with the updated plan of During an environmental tour with the correction date. Housekeeping Supervisor, on 7/10/24 at 3:15 p.m., 7/26/2024 the 200 front-hall shower room was observed crowded with 13 wheelchairs, a rolling walker, a bariatric toilet riser chair, a standard size toilet riser, soiled towels, and soiled wash cloths, with paper debris, dirt, soap suds, and standing water

on the floor. The Housekeeping Supervisor indicated she was unsure why the shower room

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	staff were supposed equipment appropri equipment in the sh supposed to take th washcloths to the so completing a reside	th equipment. The night shift I to clean and store the lately and not store all the lower room. Staff were e soiled towels and biled utility room after ent's shower. The shower room including swept and mopped							
	the 200 back-hall sl messy with a used of toilet, an overflowing and dirt on the floor a 2 oz bottle of shar prevent silicone cre soiled shower chair Supervisor indicate the shower room datafter each use, and	nental tour with the ervisor, on 7/10/24 at 3:24 p.m., nower room was observed drinking cup at the sink, a dirty ng trash container, paper debris r throughout the shower room, mpoo, a container of clinical am, a soiled towel, and a used. The Housekeeping d staff were supposed to clean tily, clean the shower chairs should have bagged the used ed the bag in the linen barrel							
	tour with the House 300-hall shower room debris and dirt on the with stool bariatric placed over the toil of shampoo/body we Supervisor indicate the shower chairs a should have been stodeep-cleaned this shower room for and show room floor and show the shower room for the shower room floor and show the shower room floor and shower room floor and show the shower room floor and shower room floor and show the shower room floor and shower	p.m., during the environmental ekeeping Supervisor, the om was observed with paper ne shower room floor, a soiled shower chair, a shower chair et, a soiled mirror, and 2 bottles wash. The Housekeeping d staff should have cleaned fter every use and the floor wept and mopped. She had hower room and the 200-hall herself, on 7/8/24. The shower wer stall were dirty and should swept, and mopped daily.							

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AND PLAN OF CORRECTION AND PLAN OF CORRECTION 155761		, ,	JILDING	nstruction <u>00</u>	(X3) DATE COMPL 07/10/	ETED	
NAME OF PROVIDER OR SUPPLIER BROWNSBURG MEADOWS			STREET ADDRESS, CITY, STATE, ZIP COD 2 E TILDEN BROWNSBURG, IN 46112				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION			ID PREFIX TAG	CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETION DATE
	During the environment Housekeeping Super the 400-hall shower paper debris and discussed. The Housekeeping staff shower room today. On 7/10/24 at 3:56 tour with the House 100-hall shower room and broken shower dirt and grime build. The Housekeeping p.m., indicated she schedule for the shousekeeping staff the shower room altresidents' rooms list assignment sheets. On 7/10/24 at 4:55 resident or family in could complete a gallocated at the front or tell a staff member grievance form for with the Interdiscip When the ED and I discussed the concernand put a streoccurrence of the During an interview Resident J indicated on the 200-hall were staff member to the staff of the concernand put a streoccurrence of the During an interview Resident J indicated on the 200-hall were	mental tour with the ervisor, on 7/10/24 at 3:41 p.m., a room was observed with ret on the floor and an the brown smears on the toilet ping Supervisor indicated the had not gotten to the 400-hall p.m., during the environmental ekeeping Supervisor, the om was observed with a soiled seat chair and was soiled with thup around and on the toilet. Supervisor, on 7/10/24 at 4:15 did not have a deep cleaning ower rooms, but the were assigned to clean daily ong with their assigned ted on the daily hall cleaning p.m., the ED indicated if a member had a concern, they rievance form, which are desk, at the nurses' stations, er who would complete a them and share the concern linary leadership team (IDT). DT received a concern, they em in the daily morning ed out a plan to resolve the system in place to prevent the concern. by, on 7/10/24 at 5:25 p.m., d the facility's shower rooms e filthy dirty. She had been at					
	the facility for three	e weeks and had been taking					

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AND PLAN OF CORRECTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155761		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 07/10/2024			
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	sink baths in her bath rooms were so dirty dirty floors. The should room want to risk an infest shower rooms. A count the ED and told him shower room was. It been cleaned in a count of the ED and told him shower room was. It been cleaned in a count of the ED and told him shower room was. It been cleaned in a count of the ED and told him shower room was. It been cleaned in a count of the ED and told him shower room was. It been cleaned in a count of the ED and told him shower room guidelines." The properties of the ED and told him shower rooms. The properties of the ED and told him shower rooms was paper clean/disinfect horicommonly touch it bedside table, remo container/replace livacuum carpet if a phousekeeper should room deep clean in mattresses and bed all rooms have been Quality control inspout and turned into be scheduled for the assigned)Daily exand all common are including bathroom ceilingsTuesday: apparent dirt, food lower doors, clean in Clean shelves and for Wipe down cove by accessibleFriday:	throom, because the shower and with dirty shower chairs, ower rooms were unkept and nt J was admitted to the younds on her feet and did not ction from the uncleaned ouple weeks ago, she was with a how unkept and filthy the Her room nor bathroom had not ouple of weeks. p.m., the Housekeeping d and identified an undated ent facility policy, titled e (And other pertinent olicy indicated, "Daily Clean and disinfect restroom, or towels and toilet tissue, zontal surfaces including ems, clean over bed light and ve refuse/clean ner, sweep and mop floor oplicable(Each hall I do a minimum of one resident cluding disinfection of frame per day to assure that an deep cleaned each month. Dection checklist must be filled supervisor. Missed rooms will						

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(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE			ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG			DATE
	heating a/c unit, dus	st personal effectsMonthly:					
	Verify that all room	s have been deep					
	cleanedBi-annually: All privacy curtains washed						
	(or as visually soiled or after isolation precautions						
	have ended). A log sheet should be made to						
	validate completion" This citation relates to complaint IN00438334.						
	3.1-9(a)						
	3.1-19(f)						

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